

85CF-00106 PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Messmer et al.

Art Unit: 3628

Serial No.: 09/737,038

Examiner: Frantzy Poinvil

Filed: December 14, 2000

For:

METHODS AND APPARATUS

FOR SIMULATING

COMPETITIVE BIDDING

YIELD

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Transmittal (3 pgs., in duplicate); Amendment in response to Office Action dated July 15, 2005 (9 pgs.); Return post card

STATUS

2. Applicant

claims small entity status. is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail Label No.: EV593384220US

Date: July 21, 2005

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Daniel M. Fitzgerald, Reg. No. 38,880

EXTENSION OF TERM

	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.						
	(a)		(complete t petitions for 37 C.F.R. 1.17		on of time u		
Exte	nsion for re	esponse with	in:		Other than entity F		all entity Fee if applicable)
		☐ fi	rst month		\$ 120.00	\$	60.00
		se	cond month		\$ 450.00	\$ 2	225.00
		☐ th	ird month	٠	\$ 1,020.00	\$ 3	510.00
		☐ fc	ourth month		\$ 1,590.00	\$ 7	795.00
		fi	fth month		\$ 2,160.00	\$1,	080.00
					Fee Du	ie \$	
	(b) 🛚	Applicant be	elieves that ne	fee due with OR o extension ing made to	provide for	equired. Ho	ity that
		of time.	s madvertent	ry overlook	ea the need	ior a penno	n for extension
			FEE]	FOR CLA	IMS		
4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:							
	(Col. 1)		(Col. 2)	(Col. 3)	SMALL EN	ГІТҮ	OTHER THAN SMALL ENTITY
	CLAIMS REMAININ AFTER	NG	HIGHEST NO. PREVIOUSLY	PRESENT	ADDITION		ADDITIONAL
	AMENDME	MINUS	PAID FOR	EXTRA =0	$ \begin{array}{c} RATE FE \\ x $25.00 = $ \end{array} $	E OR	RATE FEE x \$50.00 = \$
TOTAL INDEP.		MINUS		=0	x \$100.00 = \$		x \$200.00 = \$
	FIRST PRI	ESENTATION OF	MULTIPLE DEP. (CLAIM	+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDIT	IONAL OR	TOTAL ADDITIONAL

	(a)	\boxtimes	No additional fee for Claims is required						
			OR						
	(b)		Total additional fee for claims required \$						
			FEE PAYMENT						
5.		_ Attached is a check in the sum of \$							
		Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached.							
	FEE DEFICIENCY								
6.		If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.							
			AND/OR						
		If any 2384.	additional fee for claims is required, charge Deposit Account No. 01-						
7.		Other:							
			Daniel M. Fitzgerald Reg. No. 38,880 ARMSTRONG TEASDALE LLP One Metropolitan Square, Suite 2600 St. Louis, MO 63102 314/621-5070						